

Proposed Optometric Regulatory Change

Comprehensive Analysis for
Optometric Licensure Consideration

Purpose

- To provide a comprehensive comparison between the U.S.-based NBEO Part I exam and the Canadian OEBC written exam. This presentation outlines differences in structure, content, philosophy, and licensure implications.

KBOE

- The Kentucky Board of Optometric Examiners is the regulatory board tasked with the duty to ensure the safety of Kentucky citizens by ensuring that “only qualified persons be admitted to the practice of optometry and be permitted to so practice in the Commonwealth of Kentucky.” KRS 320.200
- Kentucky standards for licensure continue to be among the strictest in the country requiring additional coursework for doctors entering Kentucky from 36 states and additional coursework for graduating students from 2 Schools of Optometry.
- KBOE has the statutory authority to pursue this regulatory amendment, and an obligation to change requirements that we feel would benefit and better protect the citizens of Kentucky.

NBEO

- The National Board of Optometric Examiners is a testing organization that has been the sole provider of entry level examinations for graduating optometry students in the United States. They receive the vast majority of their income from NBEO Parts 1, 2 and 3. They have no direct statutory or regulatory authority in any jurisdiction across the country and no statutory duty to protect the public.

Reason for Proposed Regulation

- The argument has been made in several forums that the motivation behind the proposed Regulatory change was that Kentucky College of Optometry students were unable to pass the Part 1 NBEO examination.
- Any claims that this change was made solely because of the Kentucky College of Optometry are untrue. The last several NBEO Part 1 results have KYCO students at or above National averages.

Reason for Proposed Regulation

KRS 320.250(2)(b) states the KBOE may “Accept the scores of the applicant from an examination prepared, administered, and graded by the National Board of Examiners in Optometry or any other organization approved by the board as qualified to administer the examination.”

Our research demonstrated that OEBC is a valid alternative that safeguards the public interest while giving testing alternatives to candidates. This regulation amendment was necessary to reflect this additional option.

Clinical Competency

- The KBOE has done extensive research into the comparison of the NBEO and OEBC. Our research showed the OEBC plus NBEO Part 2 and 3 option being proposed in this regulation is equal to and possibly superior to the traditional NBEO Parts 1/2/3 in testing for clinical competency of graduating Optometry students.

Due Diligence

Accreditation College on Optometric Education (ACOE) is the governmental accrediting body which accredits schools and colleges of Optometry.

For accreditation purposes, ACOE considers OEBC to be equal to NBEO in terms of measuring quality of Optometric Education.

The Proposed Regulation is more stringent than ACOE standards in requiring passage of OEBC and Parts 2 and 3 of NBEO.

Due Diligence

- The 2 states with scopes of optometric practice most similar to Kentucky are Louisiana and Oklahoma.
- Both boards supported this proposed change, and KBOE's statutory authority to accept OBEC as an alternative to NBEO Part 1 is clear.
- Oklahoma has also moved to accept OBEC as a potential alternative to NBEO.



Louisiana State Board of Optometry Examiners

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To Whom It May Concern:

As regulatory boards established by state law, optometry boards across the country function with clear statutory authority to determine the standards and requirements for licensure within their jurisdictions. These decisions, including which examinations to accept as evidence of clinical competence, fall squarely within each board's purview.

While the Association of Regulatory Boards of Optometry (ARBO) and the National Board of Examiners in Optometry (NBEO) may offer their perspectives on such matters, it is essential to affirm a critical point: **no national organization holds legal authority over the licensure decisions made by a state board.** The Kentucky Board of Optometric Examiners, like all U.S. state boards, retains full statutory authority to define the examinations and criteria used for licensure within its jurisdiction. This includes the discretion to consider alternative assessments—such as Part I of the Optometry Examining Board of Canada (OEBC)—if the board determines they meet appropriate standards of competency and public protection.

Respect for state autonomy is a foundational principle in the regulation of healthcare professions, and Kentucky is well within its rights to explore policies that reflect the needs of its citizens and optometric community. We recognize the deliberative process underway in Kentucky and support the right of its Board to make licensure decisions free from external pressure, grounded in state law and guided by its professional and statutory obligations.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Kasovich".

G. Kevin Kasovich, O.D.
President
Louisiana State Board of Optometry Examiners

NBEO vs. OEBC: Side-by-Side Overview

Feature	NBEO Part I (U.S.)	OEBC Part I (Canada)
Administering Body	NBEO	OEBC
Eligibility	U.S. optometry students/grads	Canadian & FORAC-approved grads
Exam Focus	Applied basic science	Entry-level clinical competency
Structure	2-day, ~350 MCQs	1-day, MCQs & EMIs
Content Format	Subject-based	Competency-based
Topics Covered	Anatomy, optics, pharm, etc.	Integrated within clinical domains
Scoring	Scaled score (pass ~300/900)	Pass/fail
Testing Philosophy	Academic foundation tested for clinical relevance	Clinical reasoning and judgment
Validity & Reliability	Psychometrically validated	Nationally validated in Canada

Philosophical Difference

- NBEO is academic/discipline-based:** You might see a whole set of questions on optics, followed by pharmacology. It requires extensive memorization of optical formulas, drug classes etc.

- OEBC is competency-based:** Knowledge is evaluated in the context of how it's *used in clinical practice*, often through a **patient case vignette** with multiple parts.

For example, a single **NBEO** optics question would require the solution of an optics equation, while a single **OEBC** question block might include:
A 68-year-old diabetic presents with blurred vision. What is your differential diagnosis? What tests should be ordered? What are your pharmacologic options? What are the public health implications? This one case could touch on **pathology, optics, pharmacology, and ethics** — all integrated.

NBEO Part I vs. OEBC Written Exam – Topic-by-Topic Mapping

NBEO Content Area	OEBC Competency Domain/Equivalent	How It's Tested in OEBC
1. Anatomy & Physiology	Assessing Eye Health (Domain 1)	<ul style="list-style-type: none"> - Questions may involve identifying normal vs. abnormal findings in ocular anatomy (e.g., corneal edema, retinal tears). - Clinical cases may include interpreting fundus findings and ocular structures.
2. Biochemistry & Molecular Biology	Developing Differential Diagnoses (Domain 3)	<ul style="list-style-type: none"> - Knowledge of biochemical processes (e.g., oxidative stress) is applied in disease management and diagnosis (e.g., dry eye, macular degeneration).
3. General and Ocular Pharmacology	Planning Management(Domain 4)	<ul style="list-style-type: none"> - Understanding drug classifications (e.g., antibiotics, anti-glaucoma meds) is tested in treatment planning cases. - Pharmacokinetics and side effects are integrated into decision-making for safe and effective ocular treatments.
4. Microbiology & Immunology	Implementing Management Plans(Domain 5)	<ul style="list-style-type: none"> - Infectious disease management scenarios (e.g., conjunctivitis, uveitis) require knowledge of pathogens and immune responses.
5. Neuroanatomy & Neurophysiology	Assessing Visual Function (Domain 2)	<ul style="list-style-type: none"> - Visual field interpretation and neurological disorders (e.g., optic neuritis, papilledema) will be assessed in relation to pupil testing and visual processing.
6. Ocular Anatomy, Physiology & Biochemistry	Assessing Eye Health (Domain 1)	<ul style="list-style-type: none"> - Detailed questions about ocular structures (e.g., lens, retina, ciliary body) are included in clinical cases like diagnosing cataracts or retinal diseases.
7. Visual Perception, Psychophysics & Binocular Vision	Assessing Visual Function (Domain 2)	<ul style="list-style-type: none"> - Clinical cases involving binocular vision and visual acuity assessment (e.g., prescribing lenses for strabismus, prism testing, stereopsis).
8. Optics (Geometric, Physical, Ophthalmic)	Assessing Visual Function (Domain 2)	<ul style="list-style-type: none"> - Refraction, lens prescriptions, and optical principles (e.g., Snellen chart, optical aberrations) are applied in diagnostic and management decisions.
9. Pathology (Systemic and Ocular)	Developing Differential Diagnoses (Domain 3)	<ul style="list-style-type: none"> - Case vignettes about ocular disease (e.g., retinal hemorrhages, glaucoma, cataracts) and systemic implications (e.g., diabetes, hypertension) are presented to develop differential diagnoses.
10. Public Health, Epidemiology & Ethics	Professionalism and Ethics (Domain 7)	<ul style="list-style-type: none"> - Ethical dilemmas (e.g., informed consent, scope of practice) and public health issues (e.g., screening programs, community health concerns) are integrated into clinical decision-making.

Key Points of Equivalency

- Same Core Knowledge: Both exams require mastery of biomedical sciences, optics, and pharmacology.
 - NBEO Part 1 requires **more memorization of basic science facts**.
- OEBC requires a **working knowledge of basic sciences in a clinical setting**
- Differences lie in structure and philosophy, not in rigor or content scope.

Why To Support Kentucky's Proposal

- Mutual Recognition Trends: Multiple licensing options are being seen in nursing, medicine, and dentistry.
- Substantive Equivalence: OEBC is not easier (test scores validate)—just differently structured. Both exams maintain high standards for optometric competence.
- Board Autonomy: States have authority to define licensure pathways. In Kentucky, this authority is made clear in KRS 320.250.
- Public Safety Maintained: NBEO Parts II & III are still required under Kentucky's model. There is no compromise to public protection—both exams are nationally validated, both exams are accepted by ACOE, and both pathways ensure incoming Kentucky Optometrists are competent to care for the citizens of Kentucky.